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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018385

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 73

STATE FILE NUMBER

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LibertyLength of stay in 1b
30 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 606 Grover St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CLAY

c. CITY
OR TOWN LibertyInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 606 Grover St.

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

OSCAR B. LINDSEY

4. DATE
OF DEATH

Month

Day

Year

June 3 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 7 1906

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Slater, Missouri U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cate Lindsey

13b. MOTHER'S MAIDEN NAME

Maude Jackson

14. NAME OF HUSBAND OR WIFE

Ruby Lindsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

Yes WW #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Ruby Lindsey Liberty, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c). DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ANOXIA

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARBON MONOXIDE POISONING

DUE TO (c)

INHALATION OF EXHAUST FUMES

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

FOUND INSIDE CLOSED GARAGE

20c. TIME OF INJURY
Hour 12-4 AM
a.m. p.m. JUNE 3, '6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

20f. CITY, TOWN, OR LOCATION

LIBERTY,

COUNTY

CLAY

STATE

MO.

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald L. Smecker, Acting Coroner

22b. ADDRESS

Sheriff's Office Liberty, Mo. 4 June '62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

June 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Ft. Leavenworth, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Church Archer Co. Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

6-5-62

26. REGISTRAR'S SIGNATURE

Mabel Strahan

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 19 1962
JUN 22 1962

JUN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold G. Smith

Licensed Embalmer No. 45-75

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.